FORM D

1381309 **UNITED STATES**

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB API	ROVAL
OMB NUMBER:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	16.00

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	Date Received		
		1	

Name of Offering (check if this is an Series B Preferred Stock and Series B Pre	amendment and name has changed, and indicate chan ferred Stock Warrants	ge.)
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 mendment	Section 4(6) ULOE RECEIVED
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	\\ U(1 2 1 2002 \\
Name of Issuer (Check if this is an ame	endment and name has changed, and indicate change.)	
Address of Executive Offices 204 Second Avenue, Waltham, MA 02451	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area.Code) 781-250-3489
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) PROCESSED	Telephone Number (Including Area Code)
Brief Description of Business	NOV 0 6 2007	
Case management software and service.	THOMSON FINANCIAL	
Type of Business Organization ⊠ corporation □ business trust	☐ limited partnership, already formed ☐ Imited partnership, to be formed	other (07081978
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization	Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	P

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)			-	
Siarkowski, Bret					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
c/o CaseNET, Inc., 204 Second A	Avenue, Waltham, N	MA 02451			
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☑ Executive Officer	Director ■	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
O'Neill, Brian					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
c/o CaseNET, Inc., 204 Second A	Avenue, Waltham, N	MA 02451			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Mandile, John R.					
Business or Residence Address	(Numb	er and Street, City, State, Z	(ip Code)		
c/o Sigma Partners, 20 Custom F	louse Street, Suite 8	330, Boston, MA 02110			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Dale, Richard					<u> </u>
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
c/o Sigma Partners, 20 Custom F	louse Street, Suite	830, Boston, MA 02110			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Ascenzo, Carl					
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
c/o CaseNET, Inc., 204 Second A	Avenue, Waltham, I	MA 02451			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)		-	_	
Sigma Partners 6, L.P.					·
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
20 Custom House Street, Suite 8	30, Boston, MA 02	110			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				<u> </u>
Larson, Tony					
Business or Residence Address	(Numb	er and Street, City, State,	Zip Code)		
6574 South Alliston Street, Little	eton, CO <u>8012</u> 3				

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ General and/or □ Director □ Promoter ■ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Aurora Ventures V, L.P. (Number and Street, City, State, Zip Code) Business or Residence Address 2525 Meridian Parkway, Suite 220, Durham, NC 27713 ☐ General and/or ☐ Executive Officer □ Director ■ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) HLM Venture Partners II, L.P. (Number and Street, City, State, Zip Code) Business or Residence Address 222 Berkley Street, 21st Floor, Boston, MA 02116 ☐ General and/or ☐ Beneficial Owner □ Executive Officer □ Director □ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Grua, Peter (Number and Street, City, State, Zip Code) **Business or Residence Address** c/o HLM Venture Partners, 222 Berkeley Street, 21st Floor, Boston, MA 02116 ☐ General and/or □ Executive Officer □ Director □ Beneficial Owner □ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or □ Beneficial Owner □ Executive Officer Director □ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address □ Executive Officer □ Director ☐ General and/or □ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or □ Beneficial Owner □ Director ☐ Executive Officer Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

A. BASIC IDENTIFICATION DATA

				B. INFO	ORMATIO	N ABOUT	OFFERIN	\G				
												No ⊠
1. Has the iss	suer sold, or	does the is								-111141414	L	
			Ansv	ver also in	Appendix, (Column 2, i	f filing und	er ULOE.			•	
2. What is the	e minimum	investment	that will be	e accepted	from any in	dividual?				-,	\$ <u>N/A</u>	
												No .
3. Does the o											⊠	
If a person or states, li	n or similar to be listed ist the name dealer, you	r remunerati is an assoce of the brok may set fo	ion for solic iated perso cer or deale rth the info	citation of p n or agent of r. If more	has been of burchasers it of a broker of than five (5 that broker	n connection or dealer rep persons to	n with sale gistered wit be listed a	s of securit h the SEC a	ies in the of and/or with	tering. a state		
Full Name (E	ast name m	.s., 11 more	uuu,									
Business or R	lesidence A	ddress (Nur	mber and Si	treet, City,	State, Zip C	Code)			<u> </u>			
Name of Asso	ociated Bro	ker or Deale	er									
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers	_					All States
(Check "/	All State" o	AZ]	IVIQUAI SUAI [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[/.≥] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	ITNI	[TX]	ייי נעדן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L		rst, if indivi	idual)	<u>`</u>								
,												
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Deale	 er			<u> </u>						
States in Whi	ich Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers			· · ·			
(Check "	All State" o	or check ind	ividual Sta	tes)							 [HI]	All States [ID]
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]
[IL]	[IN]	[IA]	[KS]	[KY]	(LA)	[ME] [NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM] [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[RI] Full Name (L	[SC]	[SD]	[TN]	[TX]	[01]	[71]	[• 7 •]	[11]	(17,4)	[''' *1	[]	(1.1)
ruii ivaine (L	asi name n	ist, ii muivi	iduai)									
Business or F	S			troot City	State Zin (Code)						
Business or F	Kesidence A	raaress (mu	inder and 3	meet, Chy,	State, Zip	Jucy						
Name of Ass	ociated Bro	ker or Deal								·		
01 1133												
States in Wh												All States
•				tes) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	⊐ [H1]	
[AL]	[AK]	[AZ]	(AR) [KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[IL] [MT]	[IN]	[IA] [NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(BII)	[SC]	(US)	[NI]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and already exchanged.	e columns below the amounts of the securities offered for exchange	Aggregate Offering Price	Amount Already Sold
Type of Security		-	-
Equity		\$ <u>7,502,974</u>	\$ <u>7,502,974</u> *
	☐ Common ☑ Preferred		
Convertible Securities (Series B	Preferred Stock Warrants exercisable at \$1.59084 per share)	\$ <u>0</u>	\$ <u>0</u>
Other (Specify)	\$ <u>0</u>	s 0
Total		\$ <u>7,502,974</u>	\$ <u>7,502,974</u> *
Convertible Promissory Notes in Notes in accordance with the term		interest outs	tanding under such
	o in Appendix, Column 3, if filing under ULOE.		
offering and the apprepate dollar am	non-accredited investors who have purchased securities in this ounts of their purchases. For offerings under Rule 504, indicate chased securities and the aggregate dollar amount of their purchases or is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		11	\$ <u>7,502,974</u>
		0	\$ <u>0</u>
	le 504 only)	_N/A	\$ <u>N/A</u>
	o in Appendix, Column 4, if filing under ULOE.		
and by the iccurr to date in offerin	Rule 504 or 505, enter the information requested for all securities gs of the types indicated, in the twelve (12) months prior ffering. Classify securities by type listed in Part C - Question 1.		
Type of offering		Type of	Dollar Amount
		Security N/A	Sold \$ _N/A
		N/A	
		N/A	
		N/A	
a. Furnish a statement of all expens securities in this offering. Excli	ses in connection with the issuance and distribution of the ude amounts relating solely to organization expenses of the issuer. Is subject to future contingencies. If the amount of an expenditure the and check the box to the left of the estimate.		
Transfer Agent's Fees			□ \$ <u>0</u>
			S_0
			⊠ \$<u>\$30,000</u>
Accounting Fees			\$_0
			S _0
	ders' fees separately)		S_0
	ue Sky Filing Fees (CO, MA, NC)		⊠ \$_\$1,175_
J 2			⊠ c c21 176

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
I and total expenses furnished in response	offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the		\$ <u>7.471,799</u>
estimate and check the box to the left of the e	oss proceeds to the issuer used or proposed to be mount for any purpose is not known, furnish an stimate. The total of the payments listed must equal orth in response to Part C - Question 4.b above.		
the adjusted gloss proceeds to the issuer see in	will in response to Park C. Question violence.	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ s <u> </u>	□ \$ <u>0</u>
Purchase of real estate		□ \$ <u>0</u>	s 0
Purchase, rental or leasing and installatio	n of machinery and equipment	\$ 0	S 0
	and facilities		□ \$ <u>0</u>
Acquisition of other businesses (includin	g the value of securities involved in this	\$ 0	
		□ \$ <u>0</u>	□ s <u>o</u>
* *		□ \$ 0	
		□ s _0	
		□ \$ <u>0</u>	
Total Payments Listed (column totals add	led)	⊠ \$.7	.471,799
	D. FEDERAL SIGNATURE		
following signature constitutes an undertaking	signed by the undersigned duly authorized person. If g by the issuer to furnish to the U.S. Securities and Exch ssuer to any non-accredited investor pursuant to paragrap	ange Commission, u	pon written request
Issuer (Print or Type)	Signature	Date	<u>.</u>
CaseNET, Inc.	0.11/2	October 30, 2	007
Name of Signer (Print or Type)	Tine of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	
Brian O'Neill	Chief Executive Officer		

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Annandix Column 5 for state recounse		

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
CaseNET, Inc.	20.56	October 30, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Brian O'Neill	Chief Executive Officer	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

I		2	3		4	., .		Disqual	5 ification ate ULOE			
	Intend to sell to non-accredited investors in State (Part B-Item 1		Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			security and aggregate offering price offered in state Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State		(if yes explan waiver	, attach ation of granted) -Item 1)
State	Yes	No	Series B Preferred Stock and Warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
AL												
AK												
AZ												
AR												
CA												
СО		X	\$7,502,974	1	\$81,132.84	0	\$0		X			
CT												
DE												
DC												
FL												
GA												
HI												
ID								<u></u>				
IL												
IN												
IA												
KS												
KY												
LA												
ME												
MD							<u> </u>		<u> </u>			
MA		х	\$7,502,974	9	\$6,462,398.80	0	\$0		X			
MI									<u> </u>			
MN												
MS												

APPENDIX

ì	Inten	2 d to sell	Type of security	Type of security Type of security Type of security Type of investor and symplectic security Type of investor and symplectic security					
	investo	rs in State B-ltem 1	and aggregate offering price offered in state (Part C Item 1)		amount pu (Pari		waiver g (Part E-	(ranted)	
State	Yes	No	Series B Preferred Stock and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MO									
MT									
NE									
NV									
NH									
NJ					ļ				
NM						_	<u> </u>		
NY									
NC		X	\$7,502,974	1	\$959,441.97	0	50		X
ND					<u></u>				
ОН							<u> </u>		
OK									
OR									
PA									
RI									·
SC									
SD									
TN					ļ				
TX							ļ. <u>.</u>		
UT							ļ		
VT					-				
VA		<u> </u>							
WA		<u> </u>							
WV									
WI									

				A	PPENDIX					
Intend to sell to non-accredited investors in State (Part B-Item 1 Type of security and aggregate offering price offered in state (Part C Item 1)					Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series B Preferred Stock and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										
Intern'l.										

